

EARLY INTERVENTION PARTNERSHIPS PROGRAM

Introduction to the Assessment Guide

The Comprehensive Health Assessment (CHA) was developed based on Key Assessment Areas (KAA). Each KAA has a description in this guide that includes the corresponding standard of care, potential questions, and a list of additional tools and resources. As categorical and clear as we have tried to make each KAA, we urge you not to be too categorical in your thinking. There is necessary overlap, where you may be assessing multiple KAA's by one single question or conversation.

Each KAA is rated on a Likert scale, 0 – 3, with '3' being the highest strength and '1' being the low strength, indicating a risk or potential issue that should be examined further, while '0' indicates unable to assess. The MCH Nurse or Social Worker is expected to use clinical judgement in assessing level of strength based on the assessment of indicators and the coping strategies utilized by the mother. The sub-sections within each KAA are to provide the MCH Nurse or the Social Worker with reminders of topics to cover within the KAA.

The 'potential questions' described are not an exhaustive assessment. They are only a beginning. Whatever the guide or tool provided, your ability to establish a therapeutic relationship is key to the success of EIPP. In order to establish a therapeutic relationship, the MCH Nurse or Social Worker will:

- Earn the clients trust;
- Encourage the client to ask questions;
- Ask open ended questions;
- Use a nonjudgmental approach which shows the client respect and kindness;
- Present information in an unbiased, client sensitive manner;
- Actively listen to the clients concerns;
- Understand the effects of nonverbal communication;
- Recognize when s/he cannot sufficiently help a client and refers the client to someone who can;
- Identify the clients wishes;
- Assist the client in developing a plan to attain those wishes;
- Identify barriers to taking next steps; and
- Work with the client on ways to reduce those barriers.

Once each KAA is addressed, the MCH Nurse or Social Worker is to make a clinical determination of the overall level of strength of the mother based on clinical judgement and the families ability to cope with identified stresses. We encourage the MCH Nurse and Social Worker to assume a holistic approach in conducting the assessment and determining a global level of strength.

Within this guide, there are a variety of additional resources that may help you with your work. In particular, we would like to highlight these KEY Resources:

Texas WIC Counseling Guides:

http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/couns_ed1.htm#cl1

Maternal and Child Health Home Visiting Nursing Standards and Competencies, Vermont

http://www.vnavt.com/maternal_and_child_table.htm

Region X Perinatal Manuals

Perinatal Nursing Modules, March of Dimes,

http://www.marchofdimes.com/professionals/682_1471.asp

Key Assessment Area: Access and Utilization Of Care

Related Standard of Care: 3.0

Suggestions for Framing Questions and Providing Counseling:

The following key areas need to be addressed:

- Primary Care, Pediatric Care, OB/GYN, Midwife, Family Practice, and other services
- Information on selecting providers
- Self-advocacy tools to be full partners in their health care
- Immunization Status
- Follow-up to determine if referrals result in service provision
- Health insurance
- Referral and f/u support to ensure access to all identified service needs per CHA

Additional Tools and Resources:

Catastrophic Illness in Children Relief Fund ---1-800-882-1435; TTY 617-624-5992; www.mass.gov/cicrf

Children's Medical Security Plan --- 800-531-2229

Department of Revenue Child Support Enforcement--- 800-332-2733

Federation for Children with Special Needs --- 800-331-0688

Fuel Assistance Program-- 800-632-8175

Good Neighbor Energy Fund -

Eastern Massachusetts: 800-334-3047

Western Massachusetts: 800-262-1320

Health Care For All Health Helpline --- 800-272-4232

Healthy Start---Unicare Customer Service @ 888-488-9161

Higher Education Information Center --- 617-536-0200

Housing Related Legal Assistance ---

- Greater Boston Legal Services: (617) 371-1234
- Office of Consumer Affairs and Business Regulation: 1-888-283-3757

Hunger and Food Stamp Hotline—800-645-8333

Massachusetts Adult Literacy Hotline --- 800-447-8844

Massachusetts Affordable Housing Alliance --- 617-822-9100

Massachusetts Coalition for the Homeless --- 617-737-3430

Massachusetts Coalition for Occupational Health and Safety --- 617-524-6686

Massachusetts Commission Against Discrimination --- (617) 727-3990

Massachusetts Commission for the Blind --- (800) 392-6450 (VOICE) or (800-392-6556 (TTY)

Massachusetts Council on Compulsive Gambling--- 800-426-1236

Massachusetts Department of Education --- (781) 338-3000; www.doe.mass.edu

Massachusetts Department of Housing and Community Development --- www.mass.gov/dhcd

Massachusetts Department of Mental Health --- 800-221-0053

Massachusetts Department of Mental Retardation --- (617) 727 5608

Massachusetts Department of Public Health Care Coordination for Children with Special Health Care Needs---

- Southeast Region: 508-947-1231
- Greater Boston Region: 617-727-0747
- Western Region: 413-586-7525
- Northeast Region: 978-851-7261
- Central Region: 508-792-7880
- Metrowest Region: 781-828-7700

Massachusetts Department of Transitional Assistance ---800-445-6604
Massachusetts Division of Employment and Training --- 617-626-6600
Massachusetts Family Ties ---www.massfamilyties.org
Massachusetts League of Community Health Centers --- 800-475-8455
Massachusetts Office on Disability ----800-322-2020
Mass Jobs--- 617-348-5930
MASSTART (Massachusetts Technology Assistance Resource Team)—800-882-1435
Office of MassHealth/Medicaid--- customer service @ 800-841-2900
Physician Referral Service--- 800-322-2303 x1315
Poison Control Center--- 800-682-9211
Section 8 Housing----For a recorded listing of housing authorities currently accepting Section 8 applications, call: (508) 778-7507 ext. 4.
Social Security Administration ---- 800-772-1213
Tenants' Rights/Responsibilities (for Private Renters): Office of Attorney General---(617) 727-8400
Utility Company Discounts (Gas, Electric, Phone) --- check specific companies/bills
WIC--- 800-942-1007

Key Assessment Area: Reproductive Health and Family Planning

Related Standard of Care: 4.0

Suggestions for Framing Questions and Providing Counseling:

An effective Family Planning Counselor¹:

- Understands the benefits and limitations of all contraceptive methods
- Understands the cultural and emotional factors that affect a woman's (or a couple's) decision to use a particular contraceptive method

An effective Family Planning Counselor also acknowledges the impact Interpersonal Violence (IPV) has on a woman's ability to negotiate birth control choices with her partner.

Potential Questions:

PostPartum Visit:

- Have you scheduled your post partum visit with your OB/GYN for 6 -8 weeks after birth?

FP in pregnancy:

- Was this a good time for you to be pregnant? (this question not only helps the provider understand history of family planning use, but also begins to understand what stage of acceptance the woman is in)
- In the past, what method did you or your partner use to prevent pregnancy?
- After your baby is born, have you thought about using a method to keep you from getting pregnant before you're ready?

RH:

- Have you been pregnant before? How did the pregnancy go?
- Have you ever had a miscarriage or have you terminated a pregnancy? How was that for you? (Assess for medical risk, loss or trauma)
- Previous loss of an infant?

Risk for STIs/HIV:

- There are two safer sex scenarios recognized by CDC.
 1. One is MMUP (Mutually monogamous uninfected partner). This is the only really "safe" sex there is. It means you only have sex with one person, who only has sex with you and you have both been tested for STIs and both are found not to be infected.
 2. The other is condom use with ALL partners.

The purpose of HIV/STI risk assessment is to help the client discover for herself whether she is putting herself at risk²

- Tell me about your current sexual relationship or relationships?
- How old were you the first time you had a sexual experience with another person?
- During your life, with how many people have you had sexual intercourse?
- The last time you had sexual intercourse, did you use a condom?
- Do you feel comfortable talking to your partner about using a condom?
- What are you doing now to protect yourself from HIV and other sexually transmitted infections?

¹ <http://www.reproline.jhu.edu/english/6read/6multi/pg/index.htm>

² Asking the Hard Questions: A Reproductive Health Provider's Guide to Client -Centered HIV Risk Assessment, JSI Research and Training Institute, Inc.

- Have you ever had an STI – such as chlamydia, trichomoniasis , herpes, warts, gonorrhea or syphilis?
 - Have you been tested for STIs? Have you been offered HIV testing? Did you get tested?

Additional Tools and Resources:

American College of Obstetrics and Gynecology ----www.acog.org

Asking the Hard Questions: A Reproductive Health Provider's Guide to Client -Centered HIV Risk Assessment,---JSI Research and Training Institute, Inc.

Association of Women's Health, Obstetric and Neonatal Nurses www.awhonn.org

Center for Disease Control, www.cdc.gov/std/

The Contraception Report <http://contraceptiononline.org/>

Contraceptive Technology, a Handbook for Clinic Staff , Robert A. Hatcher, M.D., MPH

FDA Office of Women's Health www.fda.gov/womens/

A Pocket Guide to Managing Contraception , Robert A. Hatcher, M.D., MPH

Massachusetts Department of Public Health Family Planning Program ---617-624-6060

Massachusetts Department of Public Health Office of Health and Disability --- (617) 624-5070

Massachusetts Department of Public Health Women's Health Network - 1-877-414-4447

Massachusetts League of Community Health Centers --- 800-475-8455

National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases,

National Woman's Health Information Center www.4woman.gov

National Woman's Health Resource Center www.healthywoman.org

Reproline---www.reproline.jhu.edu/english/6read/6multi/pg/index.htm; Information available in Spanish, Portuguese, French and Russian

Our Bodies Ourselves www.ourbodiesourselves.org

Key Assessment Area: Oral Health

Related Standards of Care: 2.0 and 8.0

Suggestions for Framing Questions and Providing Counseling:

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach that new research shows, the more unfilled cavities a mother has, the more cavity causing germs she can pass on to her baby through daily contact.
- Teach that research demonstrates a connection between oral health and pre-term birth.
- Elicit mother's feelings about her experiences with dental care.
- Identify accessible resources for dental care.

Potential Questions:

- When was your last routine dental check-up or cleaning?
- When do you brush your teeth or floss?
- Do you have pain in your teeth, gums or mouth?
- Do you have a dentist? Do you need help in finding a dentist?
- What makes it hard for you to get dental care services?
- Is fluoride included in your diet? Your baby's diet?

Additional Tools and Resources:

American Academy of Pediatrics ----www.aap.org

American Dental Association -----www.ada.org

Boston University Dental Care Services --- www.bu.edu/dental/patients/index.html

Bright Futures, Oral Health, www.brightfutures.org/oralhealth/about.html

Center for Disease Control, www.cdc.gov/OralHealth/guidelines.htm

Crest Toothpaste and Oral Care ---www.crest.com

Delta Dental Insurance Company ---www.deltadentalins.com

Massachusetts Dental Society--- www.massdental.org

National Maternal and Child Oral Health Center, <http://www.mchoralhealth.org>

Office of MassHealth/Medicaid--- 800-682-1062

Oral Health Information for the Early Care and Education Community, Kansas Head Start,
www.kdheks.gov/ohi/download/early_care_and_edu.pdf

Tufts University Dental Care Services --- www.tufts.edu/dental

Key Assessment Area: Nutrition

Related Standard of Care: 6.0

Suggestions for Framing Questions and Providing Counseling:

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach basics of a healthy diet using Food Guide Pyramid for Pregnant Women.
- Elicit the mother's feelings and concerns around eating and nutrition.
- Adapts nutrition counseling to the mother's specific needs, culture and family values.
- Assess for issues related to self-image, possible eating disorders, or participants feelings about weight gain in pregnancy

Potential Questions:

- How is your appetite?
- How many meals do you have a day?
- How many fruits and vegetables did you eat yesterday?
- What concerns or questions do you have about your diet, eating habits or weight gain?
- Do you feel like you're gaining the right amount of weight? Too much? Too little?
- What is your goal for weight gain during this pregnancy?
- What are your favorite foods?
- What kinds of fish do you eat? How often?
- How are your bowel movements?
- What color is your urine?
- What over the counter medication or herbal supplements do you take?
- Are you avoiding certain foods during your pregnancy or while nursing?

Questions for newborn/infant:

- How do you know that your baby is hungry?
- How can you tell that your baby may be in a growth spurt?
- What do you feed your baby?
- How do you feed your baby?
- How do you know your baby has had enough to eat?

Infant Weight Gain should be assessed based on these general parameters:

- Wt/ht >90th percentile or <10th percentile: Low Strength
- Wt/ht between 75th and 90th percentile, or between 10th and 25th percentile: Medium Strength
- Wt/ht between 25th and 75th percentile: High Strength

Also consider the following:

- Assess for large fluctuations in weight.
- Use of prenatal and post partum Vitamins
- Promotes use of Iron rich foods
- Frequency of feedings and adequate # of ounces
- Reporting 6-8 wet cloth diapers (4-6 wet disposable diapers) every 24 hours after five days
- Reports 24 hour recall of foods with all food groups represented
- Exposure to potential contaminants including mercury in fish
- Explore infant reflexes related to feeding
- Explore importance of holding during feedings
- Discuss access to food and ability to store food adequately

Additional Tools and Resources:

BMI Chart--- www.cdc.gov/nccdphp/dnpa/bmi/index.htm

CDC Growth Charts----www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical_charts.htm

Federation of Massachusetts Farmer's Markets --- www.massfarmersmarkets.org

Fish (mercury) and other environmental hazards including lead -----

www.state.ma.us/dph/beha/mercury/merchp.htm

Healthy Eating Pyramid from EAT, DRINK, AND BE HEALTHY by Walter C. Willett, MD
copyright Simon & Schuster 2001

Massachusetts Department of Transitional Assistance Food Stamps Application--800-249-2007

Project Bread--- www.projectbread.org

SERVE New England---- www.serve-newengland.org

Texas Counseling Guides---an excellent resource for breastfeeding, bottle feeding and nutrition
information: www.nal.usda.gov/wicworks/Sharing_Center/gallery/couns_ed1.htm#cl1

WIC--- 800-942-1007

- *Food Guide Pyramid for Pregnant Women*
- *Infant Feeding Module*
- *Weight for Height Flier*
- *Lactation Consultants at local WIC Offices*

Key Assessment Area: Breastfeeding

Related Standards: 5.0

Suggestions for Framing Questions and Providing Counseling:

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach skills needed for successful breastfeeding
- Elicit the mother's feelings and concerns around breastfeeding
- Recognize one's knowledge, limitations and biases about breastfeeding and utilize other sources as needed.

The most common barriers associated with breastfeeding (WIC, Best Start)

- Lack of confidence
- Embarrassment
- Fear of loss of freedom
- Concerns about "too strict" health and dietary requirements
- Influence from family and friends

Best Start Counseling Strategies

- Ask open-ended questions
- Affirm feelings
- Educate

Potential Questions:

- Have you thought about how you will feed your baby?
- What have you heard about breastfeeding?
- How does your partner (family, friends) feel about your breastfeeding?
- Have you breastfed or bottle-fed your other babies?
- What are your feelings about breastfeeding?
- What concerns or questions do you have about breastfeeding?
- What do you know about breastfeeding?

- How do you know that your baby is hungry?
- How do you know when your baby had had enough?
- How frequently do you breastfeed?
- What else are you feeding your baby?
- How has breastfeeding been working out for you?
- How many wet diapers a day?

Additional Tools and Resources:

Breastfeeding Triage Tool, Seattle-King County Department of Public Health

www.metrokc.gov/health/breastfeeding/factsheets.htm

Boston Association of Childbirth Education --- www.bace-nmc.org

La Leche League International of Massachusetts --- www.lleus.org/state/Massachusetts.html

Management of Early Breastfeeding for Health Care Providers

www.massbfc.org/earlyBF.html

Massachusetts Breastfeeding Coalition --- www.massbfc.org

Massachusetts Department of Public Health --- www.mass.gov/dph

- Guidelines for Breastfeeding Initiation and Support
- Breastfeeding Module, Massachusetts WIC Program

Maternal and Child Health Home Visiting Nursing Standards and Competencies,

www.vnavt.com/maternal_and_child_table.htm

Nursing Mothers Council ---- www.nursingmothers.org

Key Assessment Area: Physical Activity

Related Standards of Care: 6.0

Suggestions for Framing Questions and Providing Counseling:

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Suggest moderate activities or exercise, such as taking a daily walk, borrowing exercise tapes from the library or teaching her some simple exercises she can do at home
- Demonstrate to the mother the importance of regular exercise for a healthy pregnancy and for her baby's health
- Reinforce her role in helping her child develop healthy habits in physical activity.
- Listen to mother's feelings and past experiences with physical activity and supports her in her current efforts in physical activity.
- Assessing the mother's interests, abilities and resources creates a plan for physical activity that includes both mother and baby.

Potential Questions:

- What do you do for exercise?
- What do your children do for exercise?
- What have been your experiences with exercise in the past?
- How do you feel when you exercise?
- How can you help your child to be active and interested in exercise?
- Describe your daily activity and rest pattern.
- How many hours a day do you use a computer or watch television?
- How many hours a day do your children watch television?
- What do you do for fun?
- What might be some ways that you could incorporate more physical activity into your, and your children's, daily routine?
- How do you choose toys for your baby?
- How do you keep your baby safe while allowing him/her to be physically active?

Additional Tools and Resources:

CDC Nutrition and Physical Activity <http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>

Mass Moves. 617.624.6091

National Maternal and Child Health Clearing House ---*Bright Futures in Practice: Physical Activity*, HRSA, 888-434-4624, or www.brightfutures.org/physicalactivity/about.htm

WebMD <http://my.webmd.com/content/article/83/97938.htm>

Key Assessment Area: Cognitive and Perceptual

Related Standard of Care: 1.0

Suggestions for Framing Questions and Providing Counseling:

- Use open-ended questions
- Scoring in the cognitive/perceptual area is difficult and subjective. Use observations from the entire interview to inform this piece of the assessment.
- One way to assess knowledge is to have a mother verbalize her knowledge.
- It may help to start with “People learn in different ways, by reading watching videos, talking etc. We want to know how you learn best so we can work together.”
- Or, “There is a lot of information out there about pregnancy and parenthood; it is helpful to find out from you what you already know so that we can teach each other.”

Potential Questions:

- How do you best learn new information?
- Tell me about a recent problem you solved and the steps you went through to solve it.
- How are you at solving problems? Can you give me an example?
- Tell me what you know about the physical changes in pregnancy.
- Tell me what you know about the emotional changes in pregnancy
- What are some of the danger/complication signs during pregnancy and postpartum?
- What do you think will be/are some of the physical changes that women experience in the first year of parenthood?
- What do you think will be/are some of the emotional changes that women experience in the first year of parenthood?
- What were the results of the baby’s hearing screen?

Additional Tools and Resources:

Massachusetts Chapter of the National Association of Social Work --- www.naswma.org

Massachusetts Department of Mental Health --- 800-221-0053

Massachusetts Department of Mental Retardation --- (617) 727 5608

Massachusetts Department of Transitional Assistance (Disability Waiver) --- 800-445-6604

Massachusetts Division of Employment and Training --- 617-626-6600

Massachusetts Office on Disability --- 800-322-2020

Massachusetts Rehabilitation Commission --- 1-800-245-6543 (Voice/TDD) or (617) 204-3600

MASSTART (Massachusetts Technology Assistance Resource Team) --- 800-882-1435

Office of MassHealth/Medicaid --- 800-682-1062

Prenatal Region X Prenatal Manuals pgs 20-21

Region X Newborn Manual and Child (birth to three) Manual ; pgs 20-21

Social Security Administration (SSDI) --- 800-772-1213

Key Assessment Area: Environmental Health

Related Standards of Care: 8.1; 8.4; 8.5; 8.6; 8.7

Suggestions for Framing Questions and Providing Counseling:

Lead Poisoning

- Was the home built before 1978? If so, does the dwelling have a Massachusetts Letter of Compliance with the Lead Law?
- Did you recently renovate any rooms in your home like the baby's room?
- Have you recently scraped, peeled, or burned any painted structures in your home?
- Is there chipping or peeling paint present in the home? On the exterior of the home? Around the windows? On the stair railing?

Asthma

- Has your health care provider ever told you that your child may/has asthma?
- Have you visited the ER because of your/your child's asthma?
- Is there any furry or feathered pets (cat/dog/birds) present in the home?
- Is the dwelling free from rodents, insect infestation, skunks, and cockroaches?
- Is there excessive moisture or accumulated water present indoors?

Injury Prevention

- Do you have child safety gates in place?
- Are all exits clear from obstructions?
- Is the dwelling free of poisonous plants?
- Do you have a fire escape plan that you practice regularly?
- Are radiators and wood/coal burning stoves barricaded and childproof?
- Is the hot water heater set no higher than 130 degrees?
- Are the crib slats no more than 2 3/8 inches apart? How old is the crib? (new cribs have to be compliant)
- Is the distance between the crib mattress and the railing no more than the width of two fingers?
- Are all small items and choke hazards kept away from the baby's reach?
- Has the car seat installation been checked for safety?

Housing Stability

- Do you feel unsafe where you live?
- How long have you been in your current house/apartment?
- Do you have challenges paying your rent?
- Do you find it challenging to pay your bills most months?
- Are you facing or have you ever faced eviction?

Additional Tools and Resources:

Allergy, Asthma and Immunology Online (American College of Allergy, Asthma & Immunology)
www.acaai.org/public

American Academy of Pediatrics ----www.aap.org

Asthma Coordination Project, MDPH: 617-624-5964

Auto Safety Hotline---800-424-9393

Buckle Up Hotline--- 800-443-SAFE

Childhood Lead Poisoning Prevention Program, <http://www.state.ma.us/dph/clppp/clppp.htm>

Environmental Protection Agency - Indoor Air Quality Information <http://www.epa.gov>

Federal Recall Website, www.recalls.gov, links consumers to all federal recall announcements from the U.S. Consumer Product Safety Commission, the Food and Drug Administration, the National Highway Traffic Safety Administration, the Environmental Protection Agency, the U.S. Coast Guard, and the U.S. Department of Agriculture.

Healthy Homes Project, MDPH, Kathy Maloof, Director, 617-727-1440

Housing Related Legal Assistance ---

- Greater Boston Legal Services: (617) 371-1234
- Office of Consumer Affairs and Business Regulation: 1-888-283-3757

Massachusetts Coalition for Occupational Health and Safety --- 617-524-6686

Massachusetts Department of Housing and Community Development --- www.mass.gov/dhcd

Massachusetts Department of Public Health --- www.mass.gov/dph

- Injury Prevention and Control Program (617) 624-5413

Massachusetts Medical Society Online --- www2.mms.org

Section 8 Housing ---- For a recorded listing of housing authorities currently accepting Section 8 applications, call: (508) 778-7507 ext. 4.

Social Security Administration ---- 800-772-1213

Tenants' Rights/Responsibilities (for Private Renters): Office of Attorney General --- (617) 727-8400

Utility Company Discounts (Gas, Electric, Phone) --- check specific companies/bills

United States Department of Labor Occupational Safety and Health Administration --- www.osha.gov

Key Assessment Area: Alcohol, Tobacco and Other Drugs

Related Standard of Care: 7.0

Substance Abuse:

Summary Information¹

- Five to 10% of all women have substance abuse problems during pregnancy
- 1 in 6 pregnant women in Massachusetts consumed alcohol during the past month
- Massachusetts has the 2nd highest rate of drinking (67.2%) among women of child-bearing age in the US.
- Massachusetts has the 6th highest rate of binge drinking (5 or more drinks on the same occasion) in the country.
- There has been NO SAFE level of alcohol use established in pregnancy, therefore all women should be advised to abstain from drinking any alcohol at all.
- Substance abuse contributes to obstetric and pediatric complications, including fetal alcohol spectrum disorder (FASD), prematurity, low birth weight and abruptio placenta. FASD is the leading cause of preventable mental retardation in the US.
- Treatment for substance abuse during pregnancy is significantly more effective than at other times in a women's life
- Quick, brief questionnaires have been demonstrated to be effective in prenatal care for assessing alcohol and drug use

Specific terms should be used when interviewing clients:

- An alcohol drink refers to: One 12-oz bottle/can of beer/wine cooler; One 5-oz glass of wine; One shot (1.5 oz) of hard liquor or spirits; 3.5 oz of sherry; 2.5 oz of liqueur or an aperitif.
- Drugs include all forms of Marijuana, Cocaine, Heroin, Speed, Etc.

The key to effective use of any risk assessment tool is to screen everyone, screen every visit and be supportive and non-judgmental. Stress the benefits of abstinence and offer to help the client achieve it. Know where and how to refer clients for further assessment and intervention.

Additional Tools and Resources:

Institute for Health and Recovery, 617-661-3991

Massachusetts Department of Public Health Bureau of Substance Abuse Services: 617-624-5111

Massachusetts Substance Abuse Information and Education Helpline 800-327-5050

National Organization of Fetal Alcohol Syndrome www.nofas.org 800-66-NOFAS

SAMSA Fetal Alcohol Spectrum Disorders Center for Excellence: www.fascenter.samhsa.gov

References:

¹Morse B., Gehshan S., Hutchins E. 1997. Arlington VA: National Center for Education in Maternal Child Health. Screening for Substance Abuse During Pregnancy: improving care, improving health. Referenced at www.mchlibrary.info/pubs/PDFs/SubAbuse.pdf

Tobacco:

Summary Information

- The death rate for infants of smokers is 59% higher than the rate for non-smokers²
- 22% of women in the US smoke—13-22% smoke during pregnancy²

Smoking during pregnancy increases risk of:

- Low birth weight;
 - Miscarriage; Stillbirth;
 - Pre-mature birth;
 - Sudden Infant Death Syndrome
-
- Mothers who smoke are more likely to be sick during their pregnancy and have more complications
 - Children who live with smokers are more likely to have ear infections, respiratory infections, pneumonia, asthma other lung problems. They are also at greater risk for growth and mental retardation, attention deficit disorders, learning and development problems and long-term behavioral problems. These children are also much more likely to grow into smokers themselves³

Additional Tools and Resources:

Massachusetts Department of Public Health Tobacco Control Program , 617-624-5900

Smokers Quit Line: 800-Try-to-Stop

References

²Mathews, TJ, et al. 2002. Infant mortality statistics from the 1999 period linked birth/infant death data set. National Vital Statistics Reports, CDC. 50(4): 1-28 as cited at

www.health.state.mn.us/divs/fh/mch/mortality/tobacco-tipsheet.html

³www.tobaccofreekids.org/research/factsheets/

www.state.ma.us/dph/mtcp/home.htm

Key Assessment Area: Violence

Interpersonnel Violence:

Related Standards of Care: 10.0 and 11.0

Screening and supporting families or women experiencing violence is, of course, more than framing questions. It is imperative that your approach is appropriate and safe for both the victim and yourself. Please see Standard 10.0 for more information.

Suggestions for Framing Questions and Providing Counseling:

- “We know that emotional and/or physical violence is common in many women’s relationships, so I ask all my clients about this”
- “I am concerned.”
- “I don’t know if this is (or has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I ask about it routinely.”

Indirect Questions:

- “What happens when there is a disagreement with your partner/husband/boyfriend or other adults in your home?”
- “Do you feel safe in your home or in your relationship?”

Direct Questions:

- “Have you ever been hurt or threatened by your partner/husband or boyfriend?”
- “Do you ever feel afraid or unsafe with your partner/husband/boyfriend?”
- “Has a partner/boyfriend/husband ever tried to control or isolate you?”
- “Has a partner/boyfriend/husband pushed, hit, kicked, choked, threatened, hurt or frightened you?”
- “Has your partner ever forced you to have sex when you didn’t want to? Has your partner ever refused to practice safe sex?”
- “Has any of this (above) happened to you in previous relationships?”

Child Abuse and Neglect:

Related Standard of Care: 11.0

Suggestions for Framing Questions and Providing Counseling:

- Does any adult you are living with do any of the following when they are angry?
 1. They leave
 2. They cry
 3. They yell
 4. Call people names/use put downs
 5. They hit things
 6. They hit people
 7. They throw things
 8. They do other things:_____

- Do you do any of the following when you get angry?
 1. I leave
 2. I cry
 3. I yell
 4. Call people names/use put downs
 5. I hit things
 6. I hit people
 7. I throw things
 8. I do other things: _____
- Do you have children not living with you? If so, why?
- Has there ever been a 51A filed regarding your family? If so, was the 51A supported?
- How were you disciplined as a child?
- How do you think you will discipline your child?
- How do you deal with your kids at home when they misbehave?
- Have you even been concerned about your child's safety because of your actions or those of others in your home?

Additional Tools and Resources:

Jane Doe, Inc.: www.janedoe.org

LLAMANOS: Línea directa para sobrevivientes de abuso sexual 1-800-223-5001 or TTY 1-800-688-4889
(Pida por una conexión directa)

Massachusetts Department of Public Health: www.mass.gov/dph

- Collaborative Abuse Prevention in Racial and Ethnic Minority (CARE) Communities (617) 624 -5420
- Domestic Violence Screening, Referral and Information Program: 617 -624-5489
- Gay Men's Domestic Violence Project support hotline: 800 -832-1901
- Massachusetts Rural and Domestic Violence and Child Victimization Project: 413 -586-7525
- Rape Crisis Centers: (617) 624-5413
- Sexual Assault Nurse Examiner (SANE) Program: (617) 624 -6085

Massachusetts Department of Social Services:

- Child at Risk Hotline at 800-792-5200
- Domestic Violence Unit Consultation Line at 617 -748-2335.

Massachusetts Department of Transitional Assistance ---800-445-6604

National Domestic Violence Hotline, www.ndvh.org 1-800-799-7233

SAFELINK 24-hour Domestic Violence Hotline in Massachusetts 1-877-785-2020

The Network/La Red, Ending Abuse in Lesbian, Bisexual Women, and Transgender Communities
617-423-7233

Massachusetts Department of Social Services Domestic Violence Unit

Filing A Child Abuse/Neglect Report (51A) in Domestic Violence Cases

When filing a 51A report with DSS, have as much factual information as possible. Here are a few general things that DSS will want to know about the family:

1. Name, birthdate and address of the child(ren) being reported;
2. Names and birthdates of any other children in the home;
3. Names, phone number, address, and birthdates of the parent victim and alleged batterer; and
4. Names and numbers of any other important people that DSS should contact (e.g. probation, therapists, police, healthcare, etc).

Be prepared to tell DSS what you know about the risk to the children, the adult victim, and the dangerousness of the alleged batterer. This information will help DSS decide if the report warrants an investigation and if so, help in the planning of a safe strategy for intervening on behalf of the children without increasing risk to the adult victim or to DSS staff. Any information you can gather will help.

- What is your relationship to the child(ren) you are reporting?
- Does the child, adult victim, or alleged batterer know the report is being filed? If yes, how did they respond?
- What are the best times/places to reach the adult victim alone for interviewing?
- Is there a restraining order (209A) in place? Has an arrest been made?
- What is the location of the alleged batterer? In the home with adult victim and children? Jail? Unknown?
- Does the alleged batterer have access to or use weapons? What kind?
- Is the alleged batterer known to be generally violent (e.g. toward police, strangers,)?
- How severe is the violence? Has it gotten worse over time?
- Does the adult victim have a support system (e.g. friends, family, agency help)?
- Has the alleged batterer threatened to kill the adult victim? The children? Self?
- Has the child(ren) been physically hurt as a result of the violence toward the adult victim?
- Has the child's welfare been threatened in any way (e.g. kidnapping, emotionally)?
- Has the alleged batterer or adult victim physically/sexually harmed the child(ren)?
- Does the child/adult victim express fear of the alleged batterer?
- Has the child been exposed to a long pattern of domestic violence?
- Does the alleged batterer abuse substances? The adult victim?
- What is the relationship like between the adult victim and the child(ren)?
- Does the child display any noticeable signs of trauma or distress?

In most cases, a reporter should contact the adult victim and talk about the reason you are filing a child abuse/neglect report with DSS prior to your filing. This information will help the adult victim prepare for the Department's involvement and any consequences from the alleged batterer. The only time you should not talk to the adult victim first, is if you believe doing so will compromise the safety of the child (e.g. the child will be harmed or blamed for DSS involvement, the family is at risk of fleeing). If you have any other questions about how to file a 51A safely in domestic violence cases, call your local DSS Domestic Violence Specialist or our central number @ 617-748-2335.

Key Assessment Area: Emotional Health

Related Standard of Care: 9.0

Suggestions for Framing Questions and Providing Counseling:

A thorough assessment can act as a tool for discovering information on who your client is, what her life has been like, and with what she is currently dealing. This same assessment can also act as an intervention. Talking about one's life, troubles, worries, accomplishments, and future plans and dreams can be therapeutic and freeing.³

It's important to normalize questions about one's emotional health:

- Life is so complicated today that people can feel overwhelmed.
- Many people are "stressed".
- Being pregnant can be very overwhelming.

Depressive disorders are recognized in only a small fraction of patients who are depressed. Recognizing that a client is depressed is best done by observing interactions, asking open -ended questions, and routinely asking about depressive symptoms and complaints. Clients should be screened routinely for depression. Screening can be done by asking questions or using a screening tool. Some clients may have physical symptoms even though they are unaware of or deny the presence of depressive symptoms.⁴

The **baby blues** happen in many women in the days right after childbirth. A new mother can have sudden mood swings, cry for no reason and can feel impatient, irritable, restless, anxious, lonely and sad. The baby blues generally go away quickly and do not require treatment from a health care provider.

Postpartum depression can happen a few days or months after childbirth. A woman can have feelings similar to the baby blues but she feels them more strongly. PPD often keeps a woman from doing the things she needs to do. PPD is a serious condition and women should see a health care provider.

Postpartum psychosis is a very serious and rare mental illness. Women can lose touch with reality, have auditory hallucinations, and delusions. Women need treatment right away and almost always need medication.⁵

Helpful Questions in Assessing Depression.⁶

Depressed mood

How has your mood been lately?

Loss of feelings of pleasure

What have you enjoyed doing lately?

Have you been getting less pleasure in the things you typically enjoy?

Physical symptoms

How have you been sleeping?

³ Wording and questions from *Promoting Maternal Mental Health During Pregnancy, Theory Practice and Intervention*, Solchaney, Joanne.

⁴ Clinical Updates in Women's Health Care Depression and Women, The American College of Obstetricians and Gynecologists.

⁵ FAQ about Postpartum Depression. The National Women's Health Information Center.

⁶ Clinical Updates in Women's Health Care Depression and Women, The American College of Obstetricians and Gynecologists.

Has your appetite changed?
How is your energy?
Have you been feeling slowed down or agitated?

Psychological symptoms

How is your concentration?
Have you been feeling down on yourself?
How does the future look to you?
Do you ever feel like life is not worth living?

Effects of symptoms on function

How are things at home and work?
How have (the symptoms) affected your home or work life?

MH:

Have you ever had any feelings like you wanted to hurt yourself or kill yourself? Tell me about those times.
Are you having any of those feelings today?
Have you ever been in counseling? Was it helpful? If not, why not?
Have you ever been on medication?

Maternal Stress and Anxiety:

What are some of the things that stress you out?
What kinds of things do you do for yourself to feel better?
What do you do when you feel sad? Angry?

Trauma or Loss

Has anyone in your family or close to you passed away or died? Tell me a little bit about what happened.
How did this death change your life?
Have you ever been through something in your life you would consider traumatic? How did this impact you?

Pregnancy Loss:

If a woman has experienced a pregnancy loss, try to understand the significance of this loss.
She will be able to tell you either in words or behaviors whether the loss of her pregnancy has been a significant loss or a welcome answer to a desire not to be pregnant.
Observe for intense emotions that may carry over into subsequent pregnancies.

Self Concept/Self Perception:

What kinds of things do you do for fun? What activities do you participate in?
How are you supporting yourself right now? Do you enjoy it? Is this what you want to be doing, or do you see it as a stepping-stone?
What are your hopes and dreams for yourself? For your baby?
Do you understand your rights as a patient?

Relationships:

What is your relationship like with the father of your baby?
How long have you been together? How would you describe your relationship? Are you happy with it?
Ask the mother privately: does your partner ever lose his temper, throw things, threaten you or hurt you?
Do you feel safe at home? If not, why not?
How is your relationship with your mom?*

How does your family feel about your pregnancy?
Are the other adults in your house supportive of/listened to you?

Can they be counted on to help with unexpected and emergency situations?

Do you have friends, neighbors, extended family or religious community who are supportive of/listen to you?

*Pregnancy often results in the woman rethinking her relationship with her mother. This relationship becomes extremely important to the woman, requiring her to explore the good and bad parts of it. Typical additional questions include:

- Tell me more about your relationship with your mother? What kind of mother was she? How would you describe her?
- Were there others that you felt also might have mothered you? Grandmothers? Sisters? Who was the nurturing presence in your life?
- Did your mother ever have any major problems she had to deal with as you grew up?
- Were you able to talk to your mom about your life or how you felt about things? Can you still do this?
- What do you think your mother did really well as a mother when she was raising you? Do you plan to do these same things with your child?
- What were her mistakes as a mother? How do you think you might do things differently?
- Does your mother offer you advice on your pregnancy and the baby? What do you think of this advice?

Additional Tools and Resources:

Screening Tools

Edinburgh Postnatal Depression Scale, Taken from the British Journal of Psychiatry June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky (www.aap.org/practicingsafety/module2.htm)

Postpartum Depression Screening Scale (PDSS), Beck, CT and Gable, RK (2002) Western Psychological Service; phone: 800-648-8857

Beck (1996) Beck Depression Inventory, Harcourt

Reading

Clinical Updates in Women's Health Care: Depression in Women. American College of Obstetrics and Gynecologists 2002.

Promoting Maternal Mental Health during Pregnancy, Theory Practice and Intervention. Solchany, Joanne 2001.

Women's Moods...What Every Woman Must Know About Hormones, the Brain, and Emotional Health. Sichel, D. & Driscoll, J.W. 1999.

Resources

American Academy of Family Physicians (AAFP)
11400 Tomahawk Creek Pkwy. Leawood, KS 66211 Phone: 913.906.6000
www.aafp.org

American College of Obstetricians & Gynecologists (ACOG)
409 12th Street, SW Washington, DC 2024 Phone: 202.484.3321
www.acog.com

American Psychiatric Association
1400 K Street, NW Washington, DC 20005 Phone: 888.357.7924
www.psych.org

American Psychological Association
750 First Street, NE Washington, DC 20002 -4242 Phone: 800.374.2721
www.apa.org

Center for Breastfeeding Information at LeLeche International
(Breastfeeding and Antidepressant Drugs) Phone: 847 -519-7730 x241

Depression after Delivery (DAD)
www.depressionafterdelivery.com

National Mental Health Association
Phone: 800.969.NMHA (6642)
www.nmha.org

Office on Women's Health (OWH)
200 Independence Avenue, SW 730B Washington, DC 20201
www.4woman.gov

Pacific Postpartum Support Society
104-1416 Commercial Drive Vancouver, BC V5L 3X9 CANADA Phone: 604.255.7999
www.postpartum.org

Postpartum Support International (PSI)
927 North Kellogg Avenue Santa Barbara, CA 93111
www.postpartum.net

Suicide Prevention Resource Center www.sprc.org
If contemplating suicide, National Suicide Prevention Lifeline 1800 -273-TALK

Key Assessment Area: Healthy Parenting

Related Standards of Care: 9.4; 9.5; 9.6; 9.7

Suggestions for Framing Questions and Providing Counseling:

- Be aware of the mother's cultural heritage, traditions, and customs as they cultural differences will have an impact of how you interpret a mother's parenting expectations, transition to parenting, and parent -baby attachment.

Potential Questions⁷:

Parent's Expectations:

- Was this a good time for you to be pregnant?
- How do you feel about your pregnancy?
- How does your family feel about your pregnancy?
- What are you enjoying most about being pregnant?
- What do you find most difficult about being pregnant?
- What are some of the hopes you have for your baby?
- What do you think it will be like to have a baby to take care of?

Parent's Transitioning to Parenting:

- What kinds of things do you like to do with your baby (baths, singing, reading, talking, holding, walks, peek-a-boo)?
- What kind of things does your baby like best?
- How does it feel to be a parent of a new baby?
- What are you enjoying most about having a new baby?
- What do you find most difficult about having a new baby?

Parent-Baby Attachment

- How do you feel about your baby?
- Some babies give parents very clear signals (crying, sucking on fist, body movements) about what they want or need. How does your baby let you know that he/she needs something? Are your baby's signals easy to understand?
- What have you found to be the best way to comfort or soothe your baby when he or she cries or is upset (feeding, holding, rocking, and singing)?
- Do you feel your baby is more difficult to comfort or soothe than most babies?
- What are your feelings about your early parenting experiences?

Parent's Perception of Baby

- Now that your baby is ____ weeks/months old, what changes have you seen in him/her?
- What new things is your baby doing since the last visit?
- How is your baby developing compared to other babies his/her age (your other children/your friend's children)?
- Is your baby developing as you expected? Gaining weight as you expected?
- What information have you received from your baby's clinic/doctor about your baby's growth and development?

⁷ Wording and questions from Healthy Beginnings, Minnesota Department of Public Health and Promoting Maternal Mental Health During Pregnancy, Theory Practice and Intervention, Solchaney, Joanne.

Additional Tools and Resources:

Alternative Family Matters ---617-576-6788

Early Intervention Services ---800-905-8437

Family Nurturing Center of Massachusetts ---617-474-1143

Grandparents Raising Grandchildren ---617-727-7750

Massachusetts Children's Trust Fund --- www.mctf.org

Massachusetts Family TIES Program ---www.massfamilyties.org

Massachusetts Family Networks ---800-447-8844

Parents Helping Parents (PHP) 1-800-882-1250

Parent Stress Line--- 1-800-632-8188

Promoting Maternal Mental Health During Pregnancy, Theory Practice and Intervention, by Joanne Solchaney.

Success by 6 Parent Line ---617-421-1789

Key Assessment Area: Developmental Assessment (0-12)

Related Standard of Care: 1.0

Additional Tools and Resources:

- BONET

Key Assessment Area: Physical Assessment

Related Standard of Care: 1.0

Additional Tools and Resources:

Maternal, Child Health Home Visiting Nursing Standards and Competencies , Vermont:

www.vnavt.com/maternal_and_child_table.htm

Nurse-Midwifery Handbook: A Practical Guide to Prenatal and Postpartum Care, Linda Wheeler

CNM Spiral Edition; Published by Lippincott-Raven Publishers; Publication date: March 1997

Perinatal Nursing Modules, March of Dimes, www.marchofdimes.com/professionals/682_1471.asp